1 September 2007
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- Exclusive launch of sexual health service template for PBC bid
- Five clinical case studies on the menopause

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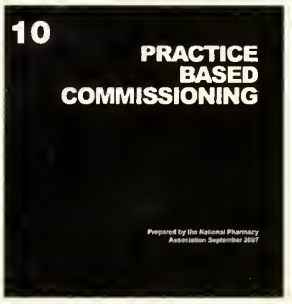

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Pseudoephedrine stays P but with restrictions on OTC sales

Customers restricted to one pack per sale, which must be carried out by pharmacist

Max Gosney

Pharmacy has won its campaign to carry on selling pseudoephedrine and ephedrine-based medicines after a policy climbdown by the UK drugs regulator.

The MHRA has abandoned its original plans to make affected products prescription-only in favour of tougher pharmacy controls over OTC sales.

Proposed measures include keeping pack sizes to 12 tablets or fewer, restricting purchases to one per customer and making sure pharmacists carry out all sales of affected products.

The move follows popular industry support for C+D's Stop the Switch campaign, which called on the MHRA to look at other ways of clamping down on criminal abuse of OTC sales other than a draconian POM switch.

The MHRA has given the industry two years to show that the new security measures can stop criminals making class A drug crystal meth from precursors bought at pharmacies. Failure to contain the problem could see products moved to POM immediately, the MHRA said.

An expert group will be set up to scrutinise the new controls. The group, which forms part of the Commission on Human Medicines, will also investigate the safety and clinical efficacy of affected medicines and their alternatives.

Pharmacy leaders backed the MHRA decision as a "vote of confidence" in the profession. Colette McCreedy, NPA director of practice, said: "This is about pharmacy demonstrating to the CHM and MHRA that it can deal with public health issues. Success will lay the ground for more innovative POM to P switches."

A joint statement by the RPSGB, NPA, CCA and AIMp said: "Pharmacy bodies are united on this issue, and will continue to work closely together to ensure the measures proposed enhance existing pharmacy controls."

Manufacturers also applauded the MHRA move. Roger Scarlett-Smith, general manager at GSK Consumer Healthcare UK, said: "It means that millions of people who suffer from colds, flu and allergy every year can still get safe and effective treatments from pharmacists."

Industry lauds Stop the Switch campaign

C+D's Stop the Switch campaign played a key part in persuading the MHRA to keep pseudoephedrine and ephedrine products on sale in pharmacies, industry leaders have said.

The campaign highlighted how the profession could work together to tackle criminal abuse of OTC sales, said PAGB executive director Sheila Kelly. "The campaign kept the issue in the spotlight. Stop the Switch helped show collaborative work between ourselves and the pharmacy bodies."

Over 1,500 patients and pharmacists signed a C+D petition calling on the MHRA to abandon proposals to make certain OTC products prescription-only. The campaign was "an excellent example" of the sector working together, said the NPA. It had helped persuade the government to rethink classification proposals, added Dr Brian Iddon, MP for Bolton South East.

C+D would like to thank all readers for supporting the campaign.

In the spotlight: the C+D Stop the Switch campaign galvanised opposition to the draconian POM reclassification

What do you think of the new restrictions on selling pseudoephedrine? Email: haveyoursay@cmpmedica.com

Your reaction

"I think that's brilliant because I think pharmacists are responsible enough to know when to sell the product and when not to"

Haroon Haffejee, Alliance Pharmacy, Cannock

"That's wonderful news. Thank god they've finally seen a bit of common sense. What they were trying to do was total over-the-top regulation"

David Barlow, The Pharmacy, Rhosneigr

"That's a great idea because really it should be left to the pharmacist's responsibility. To take another medicine from P to POM would have been a bad move"

Stephen McKay, locum, Londonderry

PBC template launched for sexual health service

Max Gosney

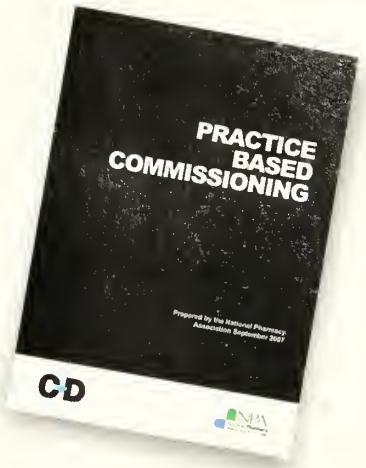
C+D and the NPA have teamed up to bring you the inside track on pitching for sexual health services.

A business plan template to help secure funding for EHC and chlamydia testing will be available at www.dotpharmacy.com/PBC from the end of September.

The template will allow pharmacists to demonstrate NHS cost savings through providing sexual health services at their premises. It will also give advice on promoting the benefits of your business to NHS commissioners.

The initiative forms part of Practice Based Commissioning Week, which runs from September 24-28.

Stephen Fishwick, head of NHS services at the NPA, said: "The idea is that it takes the pain out of preparing business cases. These guidance notes explain that community pharmacy can free up resources by improving access to preventative sexual health care – identifying and treating people earlier, thereby avoiding the healthcare costs of failing to intervene promptly."



So far, PCTs have been slow to adopt PBC, which gives GPs control of local commissioning budgets, Mr Fishwick told C+D. However, this should not put back pitches for new services, he stressed.

"It's true that PBC hasn't happened in all places across England. But when it does it will reshape primary care. This could result in a huge investment in community pharmacy or leave future service development cold."

C+D and the NPA have published a series of guides to help contractors submit service proposals to their local PBC team. Templates for COPD, weight management and falls prevention are available at www.dotpharmacy.com/PBC

Ready for practice-based commissioning?
mgosney@cmpmedica.com

"I'm quite pleased. I feel we are more than capable of deciding who to sell to. Most pharmacists were against it so I'm sure everyone will be happy"

Helen Rooney, Rowlands Pharmacy, East Kilbride

Funds available for Scottish opportunity

A programme of enhanced services for primary and community care in Scotland provides an exciting business opportunity, professional representatives have said.

The Scottish Executive has allocated £19.5 million in funding over 18 months for NHS boards to provide services identified as national priorities.

These include alcohol screening, diabetes care and COPD-pulmonary rehabilitation. It remains up to the individual boards to award contracts to service providers.

Alex MacKinnon, Community Pharmacy Scotland's head of corporate affairs, told C+D: "Community pharmacy can very much play into this and put themselves forward to do some of these services.

"It's quite exciting, quite a lot of money has been allocated to it."

Scotland's principal pharmaceutical officer Alison Strath added: "There are opportunities for pharmacists to get involved if they engage with commissioners at a local level."

Local boards must produce service proposals by October in order to provide at least three of the nine services identified by January. The programme will initially run until March 2009.

Scotland will get £19.5m in funding

"We look forward to working with the NHS boards to argue pharmacy's case and pharmacy's worth," Mr MacKinnon said.

Some of the services initially stood out as being particularly suited to community pharmacy, he added, but he was unable to say what they were until he had more details about the programme.

Outline specifications and detailed guidance were expected from the Executive as C+D went to press. JR

News in brief

Lumaricoxib warning

The MHRA has written to health professionals warning of interim restrictions and measures relating to prescribing of lumaricoxib (Prexige) following reports of serious liver reactions. The temporary measures include regular liver monitoring for patients taking lumaricoxib, and advice not to prescribe it in patients with current liver disease or who may be at risk. www.mhra.gov.uk

New optometrist powers

Optometrists are to get independent prescribing powers, health minister Dawn Primarolo has announced. Optometrists will have to be trained and registered to prescribe, but the new powers will prevent patients with treatable problems having to visit their GPs.

Questionnaire help

AAH Pharmaceuticals and Patient Dynamics are offering pharmacists practical help in completing the mandatory annual community pharmacy patient questionnaires. Pharmacists who sign up will get a step-by-step guide to carrying out the questionnaires, and provide feedback and tips afterwards.

A Champion service

A C+D Pharmacy Champion (C+D, March 17, 2007) has won an ABPI Award. Linda Ferguson of Manor Pharmacy in Derbyshire was commended for supplying aseptic syringes for palliative care, impressing the judges by moving care closer to the patient.

BCPP funds available

The Building the Community Pharmacy Partnership in Northern Ireland has opened a new round of funding, now available in three levels. The BCPP will host its annual conference on September 28. Funding applications are available at www.cdhn.org/bcpp/index.asp

Check your details

Pharmacists are being urged to check the information about their pharmacies on the NHS Choices website. PSNC said it was particularly important to ensure that the pharmacy's current trading name was correct.

Calpol enters cough and cold market. See page 22

IT group tackles e-issues

New Pan Pharmacy Group will push industry cause on EPS and patient records

Jennifer Richardson

An industry lobby group has been launched to ensure pharmacy is more closely involved in NHS IT programmes.

Pharmacy bodies already represent the profession on the electronic prescription service in meetings with the Department of Health and the NHS IT arm, Connecting for Health.

But, the creation of the Pan Pharmacy Group on NHS IT will now extend these representatives' remit to ensure pharmacy's engagement in other national IT programmes, including the patient care records service and electronic prescribing.

Gareth Jones, NPA NHS liaison manager, said: "The group has been set up to ensure effective communication and engagement between CfH, the DH and the pharmacy profession on national IT projects.

"It's a recognition that pharmacy has a place in these IT programmes."

However, some stakeholders have claimed the group will suffer from its failure to feature pharmacy IT suppliers.

"Without the suppliers they're not going to achieve anything," Mawdsleys' retail services director John Davies said.

Responding to the criticism, Mr Jones said: "Engagement with PMR [pharmacy medication records] suppliers is obviously important to the success of EPS. CfH deals directly with PMR suppliers and a number of pharmacy bodies also engage informally with PMR suppliers."

AAH's customer technology controller Leon Rudd agreed suppliers were a notable omission from the group and this could call into question its qualification to discuss IT issues.

But it was impractical to include suppliers directly because they were competing with each other, he added.

The Pan Pharmacy Group will meet quarterly from early October. Appointed members include the NPA, CCA, AIMp, PSNC, RPSGB and CfH.

New group will champion NHS IT access and improve communication with Whitehall

Lloyds passes OFT test

The Office of Fair Trading will not refer Lloydspharmacy to the Competition Commission following its acquisition of 34 sites from the Independent Pharmacy Care Centres (IPCC).

Lloyds received OFT approval on the deal after agreeing to dispose of three pharmacy outlets in the Midlands.

The OFT had raised concerns that the Lloyds' takeover could impact on the provision of pharmacy services in certain localities of the UK.

Simon Pritchard, OFT senior director of mergers, said: "The loss of IPCC as a competitor would have led to a reduction in choice of competing community pharmacies."

However, all competition issues had now been satisfied, Mr Pritchard added. "We are content that the divestments offered by Lloyds will, when implemented, restore the number of competing pharmacies and resolve our concerns," he said. **ZS**

Top tips from Tesco on building your pharmacy brand. See p28

Web tool is a success

A web tool designed to help local authorities improve life expectancy in disadvantaged areas could provide pharmacists with evidence to support service proposals, the NPA has said.

The Health Inequalities Intervention Tool was developed by the Department of Health to show commissioners what interventions can improve life expectancy in their area.

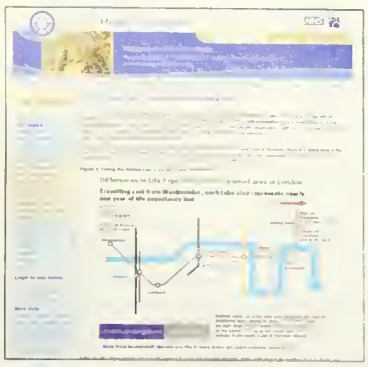
But Stephen Fishwick, NPA head of NHS service development, said the information could be used by service providers to prove they had identified gaps between local need and service availability when tendering to provide services.

"It's certainly something we'll be encouraging our members to look at," he said.

This was not the first tool to provide such data to commissioners, Mr Fishwick said, but it was notable to pharmacists for its accessibility.

"It's good that it's something that has been made publicly available. There are some that are available to commissioners only and that's quite a narrow view of who should be involved in commissioning."

The Health Inequalities Intervention Tool can be found at tinyurl.com/ysx72a **JR**



The site highlights regional health issues

Summit special: Nucare CEO Mahesh Shah trekked up Mount Kilimanjaro, the world's highest free-standing mountain at 5,895 metres, to raise money for WaterAid. The charity provides access to safe water, sanitation and hygiene education to people in developing countries. Mr Shah said: "Physically, it was by far the hardest thing I have ever done, but it was character building." And he says he used lots of pharmacy staples such as rehydration fluids and "generous helpings of ibuprofen"

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News in brief

Blood pressure action
Numark has released a resource pack to encourage its members to take part in blood pressure awareness week. The pack costs £25 and includes posters to promote blood pressure screening services. They are also discounting testing equipment for members.

Opthalmics makeover
Moorfields Pharmaceuticals has launched a new colour coded packaging system for its ophthalmic specials range. Colours indicate the different medicine types to make it easier for patients to follow their treatments successfully and enhance dispensing, says the company.

Info service relaunched
The Royal Pharmaceutical Society has relaunched its technical information service to members as the "Information Pharmacists". www.rpsgb.org

Growth hormone booklet
A booklet for young adults with growth hormone deficiency has been produced, sponsored by Ipsen. The booklet aims to help young people decide whether to continue their growth hormone treatments and make the switch from paediatric to adult care. Email medical.information.uk@ipsen.com for more information.

New president for IPM
The Institute of Pharmacy Management has appointed Nicholas L Wood as its new president. Mr Wood, a past RPSGB president, is the first community pharmacist to hold the position; he succeeds professor Jim Smith.

Pharmacy celebrity
Local pharmacy supervisor Dennis Jarvis has been honoured by the Rowlands pharmacy group with a certificate and bottle of brandy to mark his 40th year at its North Road branch. The recently named Community Champion said he was feeling "quite a celebrity".

Remote monitoring boom
Homecare telehealth, or remote patient monitoring, is expected to grow despite current barriers to its adoption. Market analyst Datamonitor expects the overall global telehealth market to exceed $8 billion by 2012 and its growth rate to exceed clinical telehealth.

Heroin addict struck off for drug abuse at work

Pharmacist stole patient-returned drugs and injected in staff toilet

A drug addict pharmacist who injected heroin in his work toilets has been struck off the RPSGB register.

Mark Garry Browne of Longford in Ireland "crushed and injected himself" with a cocktail of class A drugs while working in the UK, a disciplinary hearing heard.

Mr Browne took about 30 to 40 ampoules of patient-returned Oxycodone while working at Jardines (UK) Ltd's Milton Keynes village branch in 2004.

He was also said to have injected heroin from patient returns in the toilets of the company's Milton Keynes Neath Hill branch.

Mr Browne resumed his drug habit after moving to Berkhamsted, the RPSGB committee heard.

During a lunch break in May 2005 he was said to have discarded the syringe and needle he had used to inject 40mg Oxycontin tablets in a public litter bin.

After this incident he was "unable to continue" working in the pharmacy, the RPSGB statutory committee was told.

Striking him off, John Burrow, chair of the disciplinary panel, said there were a number of "aggravating features" in the case that involved dishonesty, taking the drugs over a "sustained period", potential injury to patients and abuse of his position.

In November 2005, at West Hertfordshire Magistrates Court, Mr Browne pleaded guilty to stealing 46 Oxycontin tablets from Jardines Pharmacy between January and May 2005.

Mr Browne was sentenced to 80 hours' community service, ordered to pay £73 compensation and £55 costs. He had claimed he began taking the drugs out of "stupid curiosity".

Mr Browne has three months to appeal. **UKL**

The Co-operative Pharmacy enlisted the help of a Roman centurion as it unveiled the 100th branch to undergo a refit to its new brand. The centurion joined staff at the branch on the high street of Caerleon in South Wales. The pharmacy now has a consultation area and an easier-to-use dispensary. Mike Wanliss, the Co-operative Pharmacy's head of retail operations, said: "Our pharmacies' new look has proved popular with our customers, and allows us to provide enhanced services in comfortable surroundings"

Brothers await verdict of RPSGB

Two brothers who ran four pharmacies in Newcastle upon Tyne must wait to hear the outcome of disciplinary proceedings.

A Royal Pharmaceutical Society hearing focusing on errors said to have been made by pharmacists Sunil and Anil Khanna, of 40 St George's Terrace, Jesmond, has been adjourned for a date to be fixed.

A decision will then be taken by the disciplinary panel.

The hearing in London was told that a number of errors were made while the brothers were left without a locum pharmacist at one of their shops for eight weeks.

False entries were said to have been made for medicine which was not dispensed, a double dosage was said to have been given and, at one stage, it was alleged that no pharmacist was present when a prescription-only medicine was left out and that the key to the drugs cabinet key remained in the lock.

Tim Spain, representing the brothers, told the hearing they had now "identified the problems", updated the systems and that such errors would not happen again. **UKL**

NHS releases updated contract framework

The NHS has updated the toolkit used as a standards' benchmark in the delivery of the community pharmacy contract in England and Wales.

The revised Community Pharmacy Assurance Framework (CPAF) has been published by NHS Primary Care Contracting. It follows extensive work by PSNC to include feedback from the pharmacy community and PCTs.

The new CPAF includes a pre-visit questionnaire to reduce the length of PCT visits and a form for contractors to provide post-visit feedback.

The documents also include information from the NPA on strategic commissioning tests to maximise PCTs' use of the contract. Steve Lutener, head of regulation at PSNC, said: "This should encourage full incorporation of pharmacy into the delivery of NHS care."

Go to www.primarycarecontracting.nhs.uk for the documents. **TH**

Nice accused of recommending too many drugs. See p21

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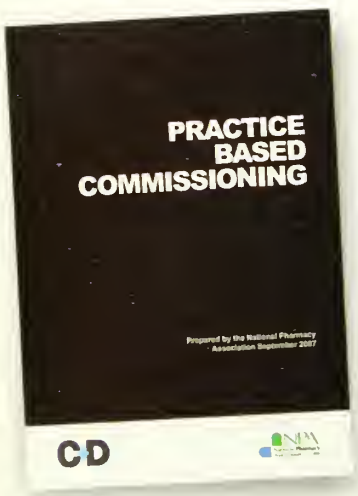
PBC week

September 24-28

For more on practice-based commissioning including a step by step guide to writing a PBC proposal and sample templates for obesity, falls and COPD see: www.dotpharmacy.com/PBC

Ignore PBC at your peril



Since April 2005, GP practices in England have been able to hold and manage a delegated 'indicative' budget for healthcare, thereby taking on a role as service commissioners.

Practice-based commissioning (PBC) is emerging variably and, in truth, it has barely impacted yet in some English localities. Wherever you practice as a pharmacist in England, though, you are taking a gamble if you ignore PBC.

Practice-based commissioning does not currently operate in Scotland, Wales or Northern Ireland. Yet those drivers that brought PBC about – the need to ensure value for money and a desire to bring more health services into the community – apply across the UK.

Through PBC, we can hope that more investment will flow to pharmacy, as rigid GP-to-hospital-to-GP care pathways are redesigned to incorporate community pharmacy. Alternatively, PBC might serve to entrench GP domination of primary care. A lot could depend on how active and effective local pharmacists are in convincing GP commissioners of pharmacists' potential to:

- deliver services that are currently provided in hospital settings
- provide services that free up the wider local system to provide care more conveniently and cost-effectively
- achieve cost-effective medicines use
- prevent illness and the associated costs of care.

The NPA hopes that a themed 'Pharmacy Practice-Based Commissioning Week' being supported by C+D (September 24 to 28) will provide focus and the impetus for engagement to spread and take root.

We are realistic about what can be achieved by this initiative. There will be no great leap forward, but we are looking to nudge pharmacy out of the starting blocks.

Pharmacy PBC Week: what it is and your part in it

Pharmacy PBC Week (September 24 to 28) is essentially an awareness raising initiative, to help overcome the widespread lack of pharmacy engagement in PBC, despite Department of Health guidance (PBC: Practical Implementation, November 06) that recommends that community pharmacy should be involved in the local population needs assessments that underpin service redesign and also includes community pharmacies in an illustrative list of providers from whom services might be commissioned.

Some pharmacists and local pharmaceutical committees are using the week as a target date for making progress on local engagement. Indeed, a few are viewing this as a target date for making service proposals under PBC, where appropriate within the context of the local commissioning cycle. Others may use it as a local media hook to [illegible] pharmacy and C+D is [illegible] awareness before, [illegible]

If you have made no plans to date, yet wish to be involved in Pharmacy PBC Week, it is not too late. Contact Stephen Fishwick at the NPA – s.fishwick@npa.co.uk, tel 01727 858687 x3293 – for information on how to engage your PCT.

During the week, you can also ask a panel of experts any questions you may have about PBC, by emailing pbcexpertpanel@npa.co.uk. We have gathered together experts with a range of perspectives – policy, practical implementation, GP, PCT and pharmacist – who will answer your query promptly.

Stephen Fishwick: waiting to hear from you

What is PBC?

Under practice-based commissioning, PCTs delegate an 'indicative budget' to GP practices, generally covering prescribing, acute care, community care and emergency care. Many practices have chosen to pool their PBC budgets to operate as commissioning consortia.

Practice-based commissioners agree with their PCT practice or locality-wide plans to re-direct resources, with a view to achieving more cost-effective services. Practice-based commissioners are entitled to re-invest a large proportion of any financial savings.

Thereby clinical and financial responsibilities are aligned, incentivising cost-effective prescribing, plus commissioning of community services where these provide a suitable alternative to (expensive) hospital care, or prevent illness and the associated costs of care.

Community pharmacists need to convince GP commissioners of pharmacists' unique contribution to patient care – in particular to emphasise the role of integrated medicines management services that support people with fragile health to manage in the community and prevent frequent episodes of unscheduled hospital care.

Other community pharmacy services being presented to practice-based commissioners include those (such as anticoagulant monitoring) that have hitherto been provided in hospital settings.

The prize for community pharmacists that integrate with the service redesign agenda is considerable: approximately £30 billion previously tied up in contracts with secondary care is, as a result of 'payment by results', no longer guaranteed to hospitals. Only a small proportion of this re-directed to community pharmacy would be a boon to the sector.

For more information about PBC, please refer to the newly updated C+D/NPA Guide to PBC. Email nhsdev@npa.co.uk

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Heading for the Promised Land?

Steve Dunn implores the Department of Health to embrace and enshrine the APPG recommendations for the future of pharmacy

As an ideal to be achieved, the recent all-party pharmacy group (APPG) report on the future of pharmacy for England has made the most compelling case for the industry to date, and for that the group deserves the thanks and congratulations of us all.

It has set out a credible, achievable roadmap for pharmacists, politicians and PCTs and its findings should be required reading for the new health minister and secretary of state.

Taken with the Conservative Party's policy paper backing a stronger healthcare role for pharmacy, the report provides the clearest indication to date that, on the importance of pharmacists as front-line healthcare providers, there exists strong political consensus.

But, as we are well aware, there can be a huge gulf between what politicians say and what they do, between fine words and fine deeds. Whether that gulf closes or remains depends heavily on how integral the APPG's recommendations will be to the white paper on the future of pharmacy, due to be published by the Department of Health later this year.

> "There can be a huge gulf between what politicians say and what they do, between fine words and fine deeds"

Most of all I want to see a positive response to the call for public health priorities to be part of the advanced tier of the contract in England and Wales, and – crucially, given the current unsatisfactory position – for ministers to give PCTs the direction and funds needed to commission new pharmacy services.

But much is left to be desired. For a start, faster progress has to be made to adjust the balance from dispensing to patient services if the government is not to face some very difficult budget choices in the next comprehensive spending review.

Furthermore, when it comes to the role and budgets of PCTs we also need clarified accountabilities, for the benefit of professionals and public alike, on who does what in primary healthcare.

Community pharmacy must be involved in service re-design and primary care commissioning, and the local primary care teams that focus on supporting self-care must build partnerships between GPs and pharmacists.

None of this is to suggest pharmacists should sit back and wait for it all to happen. They have to sell themselves, present a more convincing case that they want to deliver new patient services and promote their pre-eminent expertise in drugs to reduce the enormous waste from misuse.

In all that, AAH can support them. But ultimately the momentum for change must come from the government, and this is where doubt and uncertainty creep in.

The APPG report is currently being considered by the DH. But the Department is not obliged to follow any of its recommendations, and to say it has a lot on its plate this year is an understatement.

It has issued the transfer funding to PCT consultation paper, from which it can expect to field wide reaction. It needs to decide if it will change control of entry regulations. It has begun consultation on changes to PPRS, negotiations on the annual contract are under way, and – there is that white paper.

We have reached a highly critical time – 2007 could see pharmacy either taking a huge step forward or standing still for several more years, with all its frustrations enduring.

If the DH embraces and enshrines the APPG recommendations then we shall at last reach the promised land – or at least, its boundaries.

If it fails to do so, if it fails to give them the recognition and priority they deserve, then a great opportunity will be lost.

If ever there was a case for saying, "Watch this space", this is it...

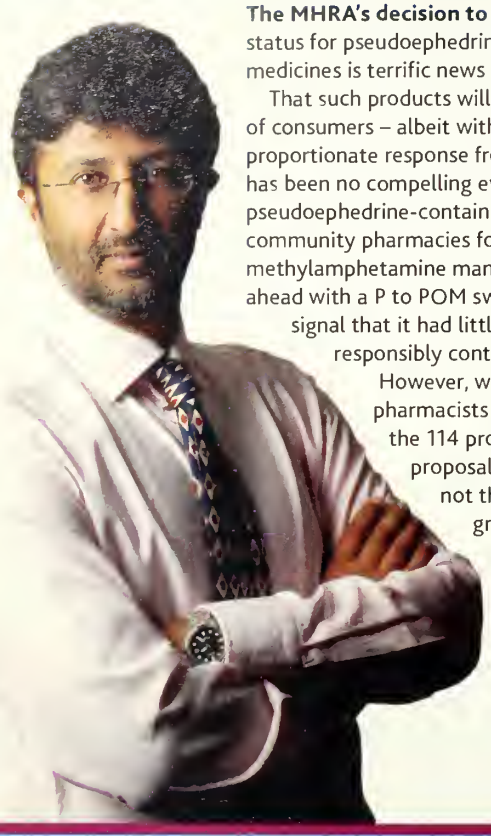
Steve Dunn is AAH Pharmaceuticals group managing director

At AAH we are calling on ministers to commit to eight pledges to take pharmacy into the future:

1. More nationally agreed and funded advanced and enhanced services including minor ailments, diabetes screening and weight management.
2. Every PCT to develop a local pharmaceutical needs plan.
3. A further shift from volume-based remunerations to rewards for quality and service provision.
4. Greater collaborative working at a local level, particularly with GPs.
5. A stable financial environment and entry regulations to allow pharmacist to plan and invest
6. Pharmacists to have read-write access to the NHS care record
7. Greater commitment and momentum to deliver pharmacy IT platforms.
8. The creation and funding of an [illegible] campaign by the DH to promote [illegible]


gsk
GlaxoSmithKline
Consumer Healthcare
home sweet home
Solpadeine, the no.1 pharmacy pain relief brand[1], belongs in pharmacy.
Solpadeine® Dedicated to pharmacy
1
Ask your Pharmacist first

Comment from the editor



The MHRA's decision to conditionally retain Pharmacy status for pseudoephedrine and ephedrine-containing medicines is terrific news for pharmacy and consumers.

That such products will continue to be available to millions of consumers – albeit with tighter controls – is an eminently proportionate response from the MHRA. Especially as there has been no compelling evidence to suggest that pseudoephedrine-containing products bought from community pharmacies form the basis of widespread methylamphetamine manufacture. Had the MHRA gone ahead with a P to POM switch it would have been a clear signal that it had little faith that pharmacists could responsibly control the sale of such medicines.

However, while the united response from pharmacists and industry has won a reprieve for the 114 products affected by the switch proposal, the MHRA has made it clear this is not the end of the matter. The expert group will be monitoring how well we as a profession control the supply of these products. The inference is clear, though, that if there is any doubt over community pharmacy's ability to deliver the new requirements, the MHRA will take the matter out of our hands, and there will be no second chance.

Looking at the requirement for sales to be restricted to one small pack per customer, this makes perfect sense but why does every sale have to be by a pharmacist? As long as there are trained and competent staff working under standard operating procedures, why can't they play a part in monitoring sales? The group being set up to advise on the practical aspects of the new measures must consider how all of the team can be utilised in the fight against methylamphetamine.

C+D's Stop the Switch campaign was instrumental in providing a united front against the P to POM plan. The MHRA has given pharmacists the chance to play a key part in tackling methylamphetamine abuse, and we must show that we will take up the challenge.

Gary Paragpuri, editor

> "The inference is clear, if there is any doubt over pharmacy's ability to deliver there will be no second chance"

Your views

We all need good advice

Pharmacy staff must get up to speed to meet the requirements of the new contract, says Miriam Armstrong

The recent all-party pharmacy group report on the future of community pharmacy was absolutely right to focus on health outcomes as the primary aim of the community pharmacy sector but judging by some of the responses, this isn't in line with everyone's priorities. What differentiates community pharmacies from other [illegible] the expertise and professionalism of its staff, who are duty bound to act in the interests of patients and the public. Of course consumer preferences are important in a retail environment, but medicines are rightly regarded as non-ordinary consumer items in the UK – hence the need for the regulation of their supply and of the profession itself. For these reasons, community pharmacies are not ordinary retail environments and no-one would expect them to be.

So accepting that professionalism comes first, the debate turns to: "What health (or social) care services should be paid for by the NHS to be supplied in a community pharmacy setting?"

Any government with due concern for the health and wellbeing of the population should focus on securing the best health outcomes first, while also giving due regard to the processes required to secure these outcomes. But obviously health and the longevity/quality of life of its citizens should remain paramount.

PharmacyHealthLink believes that it is in the interests of the public to be able to receive appropriate high quality advice and services from community pharmacies. We also appreciate that many community pharmacies struggle with the provision of health advice in a competitive retail environment and we never underestimate how tough it can be to get the right balance.

However, pharmacists' contribution to the health of their communities has now been formally recognised through the new pharmacy contract so there is no justification not to develop ways of integrating brief advice along with the dispensing of medicines.

We acknowledge that many pharmacists weren't trained specifically to do this and that acquiring the knowledge base and confidence to carry these out takes time, but this can be speeded up by structured support. In April this year the DH sent out supporting educational material to all pharmacies in England to help them provide brief advice under the terms of the new contract. These resources were developed by PHLink with the support of all the main pharmacy organisations and from a broad range of expertise within the NHS.

Alongside these resources the CPPE is developing workshops to help pharmacists and their staff put the content into practice and we would strongly encourage all pharmacists to take advantage of these to update their knowledge and hone their skills in connection with giving brief advice.

In a rapidly changing world the acquisition of new knowledge and skills is a prerequisite to maintaining professional practice. In addition, given the predicted NHS health burden of chronic lifestyle diseases, it would seem short-sighted to ignore the evidence from Nice and elsewhere that drugs alone are not enough to stem this burden, but rather to become an essential part of the wider, more structured approach to behavioural change.

For more information go to www.pharmacymeetspublichealth.org

Miriam Armstrong is CEO of PharmacyHealthLink

Xrayser

Xrayser C+D

Mange tout, señor, mange tout

Why is the MHRA so concerned about encouraging foreign tourists to the country (C+D, August 25, p9)? There must be plenty going on in the world of medicines to keep it occupied, without having to interfere in the work of the Department for Culture, Media and Sport.

The medicines watchdog wants to make it legal for us to dispense prescriptions issued from anywhere in the EU. It's concerned that visitors don't come to the UK because they're worried about running out of drugs.

There is no doubt whatsoever that the best and safest thing to do when going abroad is to take plenty of your regular medicines with you. Why do anything else? Apart from wasting precious holiday time trying to obtain medicines that resemble anything like the ones you get at home in a foreign country is just too risky. There are the obvious language barriers, issues around locally used brand names, product presentation, dosage and route of administration, payment, bureaucracy and plain old safety.

My O-level French has allowed me to recommend simple analgesics and OTC topical preparations based on the evidence of packaging from the EU (or even further afield) and a little sign language. But I wouldn't be confident supplying much else. There seems little point making overseas pharmacists pass an English language test if we're all expected to be able to converse with patients (and doctors) in every European language.

What on earth would I do with a Lithuanian prescription? I wouldn't understand the name of the drug nor the dose, for a start. And as for querying anything with the doctor, well it's hard enough getting to speak to the GPs who work round the corner. The cost of the phone call alone would swallow any dispensing profit I might have made. Perhaps Brussels would fund reverse charge calls including a free interpreter?

I haven't heard of any foreign tourists dropping dead because they've run out of their regular medication anyway. I usually suggest they register as a temporary resident at the local surgery, where something usually gets worked out and I get an FP10 written in English. I allow my counter staff to have all the fun of deciphering the patient's name. It sounds suspiciously like the eurocrats have infiltrated the MHRA. I wish they'd leave us all well alone, we've got more important things to worry about.

CD

Xrayser C+D

Gunfight at the e-OK Corral

If only four out of 3,160 e-pharmacies are currently displaying an official licence (C+D, August 25, p12) the RPSGB has an uphill struggle to register the other 3,156.

If, as Charlie Abrahams suggests, the internet really is the Wild West, then the Society needs to saddle up and get ready for a serious gunfight. I expect that, even if the Society manages to license the majority of e-bandits, the unlicensed ones will remain the most popular. I would have thought that people largely use internet pharmacies because they are free of the restrictions of a high street operation. That is, you can get just about anything for a price with no questions asked.

I can't see why many surfers would choose a licensed operation if it was going to make things difficult for them. An RPSGB logo could be a positive barrier to business and getting one would be more like being thrown in jail than winning an e-sheriff's star.

Northern Ireland Notebook

Taking the register

In advance of a rumoured January 2008 deadline I took advantage of the quieter summer weeks to transfer controlled drug registers. I bought a new NPA CD register last year to meet a proposed July 2007 deadline but I relaxed when DHSSPS failed to get the necessary regulations through the legal process on time. Rather than create panic at the end of the year I decided to break the habit of a lifetime and be prepared.

The transfer from the old register to the new amounted to more work than I anticipated, perhaps because I got sidetracked, as I'm prone to do. It was a nostalgic look at the past; some of my CD records go back to the 1960s when one of the last generation of pharmacists was in charge of the business. Things change. It's been many years since I dispensed Dexadrin or Seconal and I was surprised to find just how popular these drugs were back then. I even found some cocaine in the register and more surprisingly the powder at the back of the drug safe having survived an armed hold-up in the mid 1980s.

> "Some of my CD records go back to the 1960s"

Time-consuming yes, but the transfer was less complicated than I thought; it just required a new way of thinking about CD recording. It also gave me an opportunity to dispose of returned patient stock and I have a box of out of dates that await the medicines inspector.

Will this new system add greater security? I'm not convinced and I do worry that some pharmacists might more easily pick up a criminal record if our inspectors become zealots with the law.

On the positive side, I feel that these new rigorous CD regulations make pharmacists indispensable. Government does not want another Harold Shipman and we as a profession seem to be in the vanguard. In the round this can only be a good thing for pharmacy.

Written by a pharmacist practising in Northern Ireland

www.nicorette.co.uk

at times when breakthrough cravings occur, strike back with nicorette® Combination Therapy

nicotine

- 1 in 2 smokers using nicorette® Combination Therapy had successfully stopped smoking at 6 weeks[1]
- nicorette® Combination Therapy is up to 50% more effective than monotherapy at 12 weeks[1,2]
- For smokers who have used a single form of NRT before but need help to manage breakthrough cravings[3]

for every cigarette, there's a nicorette

Nicorette Patch Product Information: Presentation: Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing 15mg, 10mg and 5mg of nicotine respectively over 16 hours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage: Adults (over 18 years):** Patients should stop smoking during treatment. The patch should be applied to the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours per day. Initially one 15mg patch daily for 8 weeks. Dose should be reduced to 10mg for 2 weeks and then 5mg for a further 2 weeks. Adults who use NRT beyond 9 months should seek advice from a healthcare professional. **Adolescents (12 to 18 years):** As per adult, but duration of therapy should not exceed 12 weeks without consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Erythema may occur if severe or persistent, discontinue treatment. Unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, phaeochromocytoma, generalised dermatological disorders, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy and lactation:** Only after consulting a healthcare professional. **Side effects:** Headache, sore mouth or throat, jaw-muscle ache, GI discomfort, nausea, vomiting, dizziness, erythema, urticaria, palpitations, allergic reactions, reversible atrial fibrillation. See SPC for further details. **NHS Cost:** Boxes of 7 (£9.07). **Legal category:** GSL. **PL numbers:** 0032/0292, 0293, 0294. **Date of preparation:** March 2007.

Nicorette Gum Product Information: Presentation: Nicorette 4mg gum and Nicorette 2mg gum contain 4mg and 2mg nicotine respectively. Mint, Freshmint and Freshfruit flavours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. Smokers ready to stop smoking immediately and also smokers who need to reduce smoking. **Dosage: Adults (over 18 years):** No more than 15 pieces of gum should be used each day. Smokers who smoke 20 or less a day should use 2mg gum. Those smoking more than 20 cigarettes a day should use 4mg gum. Chew slowly for about 30 minutes. *Smoking cessation:* Patients should stop smoking during treatment. After up to 3 months ad libitum dosage, Nicorette gum use should be gradually reduced. Those who use NRT beyond 9 months should consult a healthcare professional. *Smoking reduction:* Use the gum between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready but no later than 6 months. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. **Adolescents (12 to 18 years):** No more than 15 pieces of gum should be used each day. Smoking cessation: After 8 weeks ad libitum dosage, reduce gum use over 4 weeks. If not stopped by 12 weeks, a healthcare professional should be consulted. *Smoking reduction:* Only after consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Denture wearers, GI disease, unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, phaeochromocytoma, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Headache, sore mouth or throat, jaw-muscle ache, GI discomfort, hiccups, nausea, vomiting, dizziness, erythema, urticaria, palpitations, allergic reactions, reversible atrial fibrillation. See SPC for further details. **NHS Cost:** 2mg gum (10) £2.05, 2mg gum (30) £3.25, (105) £8.89, (210) £14.82; 4mg gum (30) £3.99, (105) £10.83, (210) £18.24. **Legal category:** GSL. **PL numbers:** Original 2mg 00032/0248, 4mg 0032/0249; Mint 2mg 0032/0250, 4mg 0032/0251; Freshmint 2mg 0032/0283, 4mg 0032/0295, Freshfruit 2mg 15513/0136, 4mg 15513/0137 **PL holder:** Pharmacia Ltd. Ramsgate Rd, Sandwich, Kent.CT13 9NJ. **Date of preparation:** March 2007. **References: 1.** Puska P, Korhonen HJ, Vartiainen E, et al. Combined use of nicotine patch and gum compared with gum alone in smoking cessation: a clinical trial in North Karelia. Tobacco Control. 1995;4:231-35. **2.** Kornitzer M, Boutsen M, Dramaix M, et al. Combined use of nicotine patch and gum in smoking cessation: a placebo-controlled clinical trial. Prev Med. 1995;24:41-47. **3.** Action on Smoking and Health. Guidance for Health Professionals on changes in the licensing arrangements for Nicotine Replacement Therapy. December 2005.

Date of preparation: June 2007

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C+D Clinical

The menopause: ask the experts

The Menopause Exchange expert panel discusses five case studies on the menopause

Key points

- HRT can contribute to feelings of lethargy by lowering active testosterone levels. Women who have had their ovaries removed during hysterectomy may experience a lack of testosterone, and may consider switching their HRT to tibolone or using a testosterone implant or patch.
- A blocked nose due to allergy or polyps can cause snoring. A patient whose nose is blocked should be directed to their GP to ask for an ENT referral.
- Most studies suggest combined HRT raises breast cancer recurrence rates slightly. Some antidepressants can be helpful, and have no adverse effect on breast cancer risk.
- Women who want to take a supplement should choose a one-a-day multivitamin, with an omega-3 supplement if desired. There is no recommended nutrient intake for women for vitamin D (RNI) under 65 years, but after this the RNI is 10mcg.
- Utrogestan, a micronised progesterone treatment for use with estrogen, is now available on the NHS.

Reflect

Can HRT cause depression? Is snoring more likely after the menopause? Should HRT be used to ease the menopausal symptoms caused by tamoxifen? What vitamins and minerals should post-menopausal women take?

Plan

This article is based on questions women have submitted to The Menopause Exchange and the replies that were given by a panel of experts. The questions are among those you might be asked in your pharmacy.

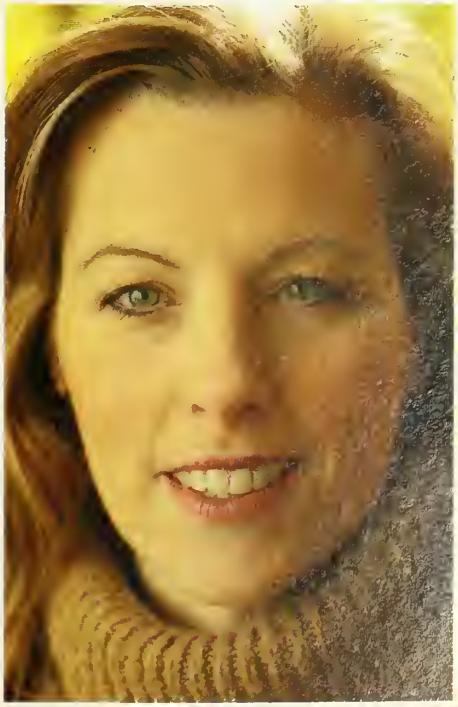
CPD This article can help in the following CPD competencies: G1a, G1c, G1d, C1a, C1b, C1c, C1d, C2a. See www.tinyurl.com/194zu

Norma Goldman MRPharmS

Some women sail through the menopause without any problems, but others have a dreadful time, with severe symptoms like hot flushes and night sweats.

Pharmacists need to be able to give their female customers clear guidance on menopause management, including the pros and cons of HRT and alternative treatments. The following questions, from members of The Menopause Exchange and answered by its 'Ask the experts' panel, are examples of the queries pharmacy customers may have and the replies pharmacists might give.

The panel consists of two GPs, a consultant in sexual and reproductive health, a specialist registrar in obstetrics and gynaecology, a specialist menopause pharmacist, a specialist menopause nurse, a counsellor, nutritionist and dietitian.



CASE STUDY 1: What to do about HRT

At 39, I had a hysterectomy and started taking HRT tablets nearly five years ago. Could the HRT be responsible for my feelings of depression? My GP lowered my dose from 2mg to 1mg a day, which seems to have helped a bit. For how long would you recommend that I continue taking HRT and then how should I come off it when the time is right?

Dr Nicola Mullin, consultant in sexual and reproductive health, Cheshire West PCT, Chester, replies:

You should continue HRT until you reach 52, the average age of the natural menopause. You have had an artificially early menopause because of the operation and you will be at considerable risk of osteoporosis without HRT. It is safe to take HRT under these circumstances as it is replacing the hormones that your body needs. When it is time to stop, you should prepare yourself by gradually cutting down on the dose of hormone and taking other measures to cope with hot flushes. Your depression may not have anything to do with your HRT, as it is a common problem in the UK, especially in women.

However, HRT can contribute to lowering the active testosterone in your body, which may add to the feeling of lethargy. If you had your ovaries removed during your hysterectomy, you may be experiencing a lack of testosterone, since ovaries are an important source of this hormone. You could change your HRT to tibolone or add a testosterone implant to your existing medication. Depression usually responds well to antidepressants and cognitive behavioural therapy. You should also have your thyroid hormone levels checked. (Since this question was answered, a transdermal testosterone patch has become available.)

CASE STUDY 2: The menopause and snoring – are they linked?

I am 53 and spent five years on HRT. I came off it at 50 because I didn't want to take the tablets any more. The symptoms returned, but are now subsiding. My main problem is snoring, which started about two years ago. I am not sure if this is a result of my age, the menopause, my weight (although I am not excessively overweight) or a hereditary problem. Is there anything I can do to stop snoring without resorting to surgery?

Dr Sally Hope, GP, Oxfordshire, and honorary research fellow at the Department of Primary Care, University of Oxford, replies:

Snoring occurs when a lax soft palate acts as a sounding board as you breathe in and out. If your partner says you have long pauses between snores, get referred by your GP to a 'sleep clinic.'

There is a serious condition called 'sleep apnoea', where you actually stop breathing in the night for short periods of time, so your oxygen levels plummet and you wake up feeling tired and groggy. Usually sleep apnoeics are grossly overweight, and may drink too much. Alcohol relaxes the soft palate and makes you snore. Smokers also snore twice as often as non-smokers.

In the post-menopause, our collagen gets looser everywhere, so it's logical to think we snore more, but I don't think anyone has looked at it. A blocked nose from an allergy or polyps also makes you a snoring mouth breather, as does sleeping on your back, rather than on your side. If your nose is blocked, consult your GP for an ENT referral. There are plastic gum shields that slightly move your jaw to tighten your soft palate as you sleep.

CASE STUDY 3: HRT regimen

I have taken oestradiol 1mg tablets and used Cyclogest pessaries 400mg. I am 56 and stopped these recently to try Angeliq for three months. However, I had a bleed for most of this time and have gone back to my previous medication. Are there any new products that may be suitable for me, as over the past six years I have gained two stone in weight. I use Cyclogest because it does not make me feel sick.

Dr Nuttan Tanna, specialist pharmacist (menopause and osteoporosis), The Menopause Clinical Research Unit, Northwick Park Hospital, Harrow, Middlesex, replies:

I am going to look at this question in three ways. Remember that HRT for women with a uterus is a combination of oestrogen and progestogen.

1. If oral progestogen makes you sick and you want to obtain this part of your HRT via another route, check with your doctor about having the intrauterine device Mirena inserted. Mirena is licensed for heavy bleed control, for contraception and as the progestogen part of HRT.

2. If you would consider taking progestogen by mouth, there is a new drug called Utrogestan, a form of natural progesterone. You may find that its side effects are not too unbearable. (Now available on the NHS, Utrogestan is micronised progesterone, taken at bedtime for 12 days as an adjunct to estrogen for women with a uterus).

3. Considering the continuous bleeding that you experienced while you were on Angeliq, if you felt that the bleed pattern was getting lighter with time, it may be worth trying another 'no bleed' HRT regimen such as Kliovance. This contains norethisterone as the progestogen. Norethisterone has a good profile for helping to settle bleeding.

CASE STUDY 4: Tamoxifen and the menopause

I am 53 and have been through my menopause. I have had breast cancer and I am now taking tamoxifen tablets. Since taking them, I have been experiencing hot flushes and night sweats. What can I do to ease these?

Dr Kathryn Clement, specialist registrar in obstetrics and gynaecology, Graingerville Clinic, Newcastle-upon-Tyne, replies:

Tamoxifen is commonly associated with severe menopausal symptoms, which can often be worse than those experienced with a natural menopause. HRT is effective at reducing hot flushes but is controversial after breast cancer.

There are few scientific trials to base advice on, but most studies suggest that combined HRT increases recurrence rates slightly. There are no studies to suggest one form of combined HRT is any safer than another.

Non-hormonal alternatives include some antidepressants, which can be helpful and have no adverse effect on breast cancer recurrence rates. Venlafaxine and fluoxetine are two examples, which can reduce hot flushes by 50 to 60 per cent.

The only herbal remedy that reduced hot flushes in clinical trials is red clover, at a dose of 40 to 80mg per day. I recommend talking to your breast surgeon before making a decision.

Which homeopathic remedies can help menopausal symptoms?
Kathy Abernethy, senior nurse specialist, The Menopause Clinical and Research Unit, Northwick Park Hospital, Harrow, Middlesex, replies:
Few studies have evaluated homeopathy's effectiveness at the menopause, but small studies have shown an early indication that it will ease hot flushes and mood swings. Homeopathic treatment should be on an individual basis administered by a qualified homeopath or homeopathic doctor.

Treatments that might be tailored for use include: sepia, pulsatilla, lachesis mutus (hot flushes), valerian (sweating), ferrum metallicum (flushes and exhaustion), sulphur (night sweats) and lycopodium clavatum (vaginal dryness). More studies are needed before homeopathy can be generally recommended.

What dose of phytoestrogen should I be taking in a supplement? For how long can I take phytoestrogen supplements?
Kathy Abernethy, senior nurse specialist, The Menopause Clinical and Research Unit, Northwick Park Hospital, Harrow, Middlesex, replies:
Phytoestrogens (usually isoflavones) are sometimes suggested to help alleviate menopausal symptoms. The evidence for their effectiveness is mixed and it is unclear which dose might be most effective. In studies, doses have varied from 30 to 140mg, occasionally even more. Products are available containing a 40mg dose of isoflavone. Taking one of these a day may help, increasing to one twice a day if necessary. As to how long you can take it, it is assumed to be safe in the long term but there are no studies supporting this. Women with breast cancer should use isoflavones with caution.

CASE STUDY 5: Vitamin and mineral requirements after the menopause

I am 63, in good health and I am not taking any medication. What are the most important vitamins and minerals that I should look out for at my age and which foods contain them? Do we absorb fewer vitamins and minerals from food as we get older? If I feel that I do not eat the foods suggested, what supplements would be of benefit?
Angie Jefferson, consultant dietitian, replies:
There is little change in recommended nutrient intake (RNI) of vitamins and minerals with age, with the exception of vitamin D. Before the age of 65, there is no RNI for vitamin D as we manufacture this vitamin in the skin from sunlight, but after age 65 the RNI is 10mcg per day. This change is mainly due to reduced exposure of the skin to sunlight as we get older, rather than a change in our ability to produce the vitamin. In a fit and healthy person, the body's capability to absorb or use vitamins and minerals does not change. However, some foods should feature regularly in your diet, including oily fish such as salmon or mackerel (for omega-3s to protect the heart, and vitamin D), dairy foods (to boost calcium intake), fortified breakfast cereals (for iron, vitamin D and B vitamins) and plenty of colourful fruit and vegetables for protective antioxidants. If you want to take a supplement to ensure you get everything you need, choose a one-a-day multivitamin and mineral and add to this an omega-3 supplement if desired.

(While every care is taken, The Menopause Exchange accepts no responsibility for damage or illness that results from advice or information given. Women with a medical problem are advised to consult a health professional. The answers reflect the opinion of the respondent and not necessarily of The Menopause Exchange.)

Norma Goldman, MRPharmS, MSc (health promotion) is a health promotion specialist and founder (in 1999) and director of the Menopause Exchange. Members include health professionals, as well as women interested in menopause and midlife issues. Annual membership includes a posted copy of the quarterly newsletter and factsheets, use of an information service and 'Ask the experts' panel.

Pharmacists interested in receiving free e-mailed quarterly issues of the newsletter should contact norma@menopause-exchange.co.uk

Continuing Professional Development CPD

Act

- Refresh your knowledge of the various HRT preparations available – their presentation, main ingredients, whether they cause monthly bleeding, and so on. There is a useful table in MIMS and a further summary in a C+D case study (Update July 22, 2006, p17 to 19, http://www.dotpharmacy.com/up1376.pdf)
- Make sure you can give up to date advice about the relative risks and benefits of HRT and for how long it should be taken.
- What alternatives to HRT do you recommend in your pharmacy? Find out more about the evidence for and use of red clover, isoflavones and homeopathy.
- Devise a healthy eating plan for a menopausal woman, bearing in mind the need to protect the heart and bones.
- Look at the websites of women's health organisations to see what advice they offer to menopausal women, eg Women's Health Concern (www. womens-health-concern.org), the British Menopause Society (www.the-bms.org) and Menopause Matters (www.menopausematters.co.uk)
- Read the Menopause Exchange quarterly newsletter as recommended in the article.

Evaluate

- Do you now feel more confident about answering questions women might have about the menopause?

Useful organisations

The Menopause Exchange, PO Box 205, Bushey, Herts WD23 1ZS.Tel: 020 8420 7245. Email: norma@menopause-exchange.co.uk
A list of other useful organisations may be found on our website: www.dotpharmacy.com

A Practical Approach...

David Spencer, pharmacist at the Update Pharmacy, and local GP Mo Merali are holding one of their occasional meetings to discuss issues arising from David's medicines use reviews.

"A problem I've been finding with quite a few patients is compliance," says David. "When I do the reviews, I always ask patients to bring in with them all the medicines they have at home, and I can tell from a simple count that many of them are missing quite a few doses."

"Why do you think that is?" asks Mo. "Are they being put off by side effects, perhaps?"

"No, I don't think so. I think it's often down to the complexity of their drug regimens. They often just forget a dose, or don't remember whether they've taken one or not."

"Oh, so it could be due to cognitive problems? They're elderly patients, I suppose? How about providing them with those weekly or monthly compliance aids?"

"No, I don't think that's the answer," David replies. "There are cost issues for a start – who would pay? And I don't think it's a good idea for other reasons. It's true that quite a few are older people, but they all seem to be ok mentally. And there are also younger people, with long-term conditions. They are nearly all taking several medicines, with different dosage regimens."

"So, what do you suggest then?" Mo asks.

Questions

1. Why did David think that compliance aids were not a good idea for these patients?
2. What could David suggest to help improve compliance?

Answers right →

CPD

This article can help in the following CPD competencies: C3b, C3e. See www.tinyurl.com/194zu

Over 50s should take calcium, says study

There is good evidence to support patients over 50 years taking calcium supplements, a large meta-analysis published in The Lancet has concluded.

Previous studies have been inconclusive, but the authors of the new study showed that patients who complied well with the treatment enjoyed twice the benefit in terms of reduced risk of osteoporosis seen in patients whose compliance was poor.

Over an average treatment duration of 3.5 years, both risk of fracture and bone loss at hip and spine were reduced.

Across the studies analysed, in order to prevent one fracture, 63 patients would have to be treated for 3.5 years.

The numbers needed to treat to prevent one fracture fell to 30 or fewer in patients who were elderly, had low dietary calcium or were compliant with their calcium supplement treatment.

The fracture risk reduction was greater in patients who were elderly, lived in institutions, had a low bodyweight, or had a low calcium intake or a raised established risk of osteoporosis.

A clear benefit of taking vitamin D with the calcium supplements could not be demonstrated clearly.

However, the authors noted that the effects of a range of vitamin D doses could be seen, and concluded that vitamin D doses of at least 800IU should be recommended.

For more information:
Lancet 2007; 370: 657–66

Bevacizumab licensed for lung cancer

The licence for bevacizumab (Avastin, Roche) has been extended to include the treatment of non-small cell lung cancer in combination with 5-fluorouracil, folinic acid and irinotecan.

The new indication does not include predominantly squamous cell histology.

The drug's established indication is for use with paclitaxel for first-line treatment of patients with metastatic breast cancer.

• Bevacizumab is also used off-label by some ophthalmologists and in some PCTs as an alternative to the VEGF treatment ranibizumab (Lucentis, Novartis) in the management of wet age-related macular degeneration. The IVAN study led by ophthalmologists in Belfast is currently examining its effectiveness compared with ranibizumab and another AMD treatment, pegaptanib (Macugen, Pfizer).

In brief

UKCPA events
UK Clinical Pharmacy Association events for September include study days on Psychotropic Medication in the Elderly (Birmingham, September 19) and Updates in Cardiology (London, September 28).
http://www.ukcpa.org

Other countries do best at stroke care
Stroke care in the UK is the worst in Europe and needs to adopt examples of effective practice from other countries, according to a BMJ opinion article by Professor Hugh Markus, professor of neurology at the St George's University of London.
BMJ 2007; 335: 359–60

New sunscreen regulations
The FDA is proposing new sunscreen regulations that would use up to four stars to define the UVA protection they offer. Sunscreens that do not meet the minimum one-star standard would be required to bear the words 'no UVA protection' on the label.

A Practical Approach... this week's answers

1. Compliance aids take away a link between patients and their medicines, which just become a jumble of tablets and capsules, and deprive them of their role in managing their treatment.
2a) Reduce the number of drugs prescribed and doses where possible. Where appropriate, use fixed dose combinations and long-acting formulations.
b) Provide reminder charts of drugs and their dosages, with grids for patients to tick off doses once they have taken them.
c) Provide a single day compliance aid that the patient fills each morning.

Nice 'too generous', argue economists

Calculations by a King's fund economist and two City University health economists have argued that Nice's decisions appear to be based on a cost of £45,000 per quality adjusted life year.

The organisation is supposed to work to a threshold of £30,000 per QALY but, they concluded, Nice had been too generous in recommending new technologies.

The economists' conclusions are in stark contrast to other critics of the organisation, who have often claimed that Nice has been too mean in refusing to recommend many of the treatments it has considered.

The authors argued that the current situation where Nice sets its own threshold while different parts of the NHS work to a range of unannounced thresholds is neither efficient nor fair.

They calculated that PCTs place different values on the QALY in different areas of medicine: the average PCT spends £12,000 to gain an extra QALY in circulatory disease, for example, compared with £19,000 when treating cancer.

The authors went on to suggest that the NHS should be given an independent committee to set thresholds for QALY costs for the whole NHS.

Leading epidemiologist attacks 'flawed' pharma-sponsored cancer report

An epidemiologist has attacked a widely publicised report that linked varying national cancer survival rates across Europe to the availability of the cancer drugs in each country.

In an Annals of Oncology critique entitled "Not credible: a subversion of Science by the Pharmaceutical Industry", professor Michael Coleman of the London School of Hygiene and Tropical Medicine wrote that the report used "flawed methods to reach flawed conclusions".

Problems with the pharmaceutical industry-funded report meant that no safe conclusions could be drawn from it, he added.

Professor Coleman strongly criticised figures for survival estimates and drug usage, presented by the original report, which was written by Dr Nils Wilking of the Karolinska Institute in Stokholm.

He also said that the report did not consider other important influences on survival, including early diagnosis, surgery and radiotherapy.

For more information:
Professor Coleman's commentary:
http://tinyurl.com/266rcp
Karolinska authors' response:
http://tinyurl.com/29h864

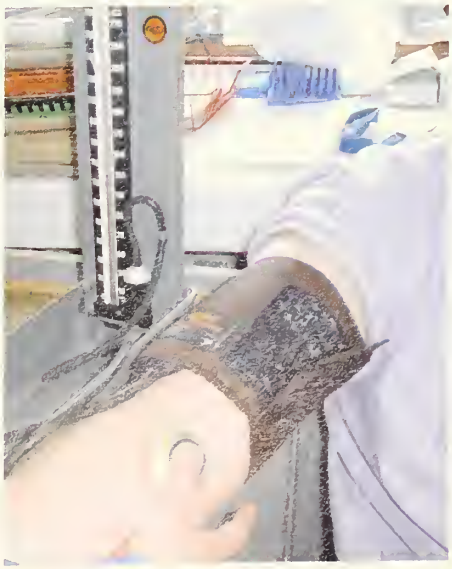
Aliskiren achieves European approval

The direct renin inhibitor aliskiren (Rasilez, Novartis) has received European approval for use as monotherapy or in combination with other treatments.

By inhibiting renin, the treatment prevents processes that would otherwise increase blood pressure.

Manufacturer Novartis also said that the once-daily treatment continued to work for 24 hours and beyond, helping to prevent the early morning surge in blood pressure that is often seen with existing treatments.

The ASPIRE HIGHER study of the benefits of the treatment in patients with heart or kidney failure is expected to report later in the year.



Aliskiren is the first hypertension drug to inhibit renin directly

In brief

Extra omega-3 for pregnancy
An EC expert committee has announced recommendations that women should have an intake of at least 200mg of docosahexaenoic acid per day during pregnancy and lactation. The Perinatal Lipid Intake Working Group presented its conclusions to the International Congress of Paediatrics in Athens.

Bodyclock DNA also controls BP
Wellcome Trust scientists say they have discovered that an area of DNA responsible for the body's circadian rhythm also regulates blood pressure. The discovery could lead to changes in how cardiovascular diseases are managed, as the body's responses to drug treatments may vary at different times of day.

No special reporting for cinacalcet
The special reporting directive is no longer required for cinacalcet (Mimpara, Amgen). The treatment is used in end-stage renal disease patients on dialysis, and for reducing hypercalcaemia in patients with parathyroid carcinoma.

Smoking relapse investigation
A project to research the effectiveness of smoking relapse prevention strategies has been commissioned by the National Institute for Health Research. The project is to be led by researchers at the University of Nottingham. Some 85 per cent of people who succeed in stopping smoking later relapse.

Venlafaxine effective in maintenance
Venlafaxine is effective in preventing relapse in patients with unipolar depression who have shown response to the treatment, a study published in the Journal of Clinical Psychiatry has reported.
J Clin Psychiatry 2007; 68(7): 1014–23

DMARD adding as good as switching
Combining conventional DMARDs when patients fail on single DMARD therapy is no better than switching to a different DMARD monotherapy, a study of 1,214 patients has suggested.
Annals of Rheumatic Diseases 2007; 66: 1059–65

Methadone-syncope link suggested
Danish researchers believe they have found evidence of an increased incidence of prolonged QT interval and torsade des pointes in methadone users. They have suggested that doctors may underestimate the incidence of syncope in drug users, mistaking episodes with fainting associated with illicit drug use.
Heart 2007; 93(9): 1051–5

Calpol gets down to specifics

Calpol has extended its offering with new products for coughs and colds.

The symptom-specific lines will grow the children's medicines market by 4.5 per cent or £6.5 million in 2008, predicts manufacturer Pfizer Consumer Healthcare.

CalCold relieves the symptoms of cold and flu while Calpol Night claims to treat pain and aid restful sleep. Both the P-licensed products contain paracetamol and diphenhydramine HCl, feature a strawberry flavour and can be used from three months of age.

For children's coughs, CalCough Chesty (guaifenesin) and CalCough Tickly (glycerol) are available, both GSL. Completing the line-up, Calpol Vapour Plug and Nightlight can help create a restful environment for clear easy breathing, says Pfizer Consumer Healthcare. The product contains lavender and chamomile aromatic oils and gives eight hours release. Five refills are included and packs of further refills are available.

Supporting the launch is a multi-million pound advertising and PR campaign, says Pfizer Consumer Healthcare.

Prices and Pip codes:
CalCold £3.59/100ml, 327-4909; CalCough Chesty £3.29/125ml, 327-4701; CalCough Tickly £3.29/125ml, 327-6359; Vapour Plug £6.49, 328-8164, refills £4.99/5, 328-8172
Pfizer Consumer Healthcare
Tel: 01304 616161

Bassett's adds a little extra for students

Omega-3 Extra is the latest addition to the Bassett's Soft & Chewy vitamins range. Each sugar-free, citrus flavoured, one a day pastille provides 100mg omega-3 DHA together with 100 per cent of the RDA of vitamins A, C, D and E. B vitamins are also included for energy, says manufacturer Ernest Jackson. The product is designed for students aged 12 and above.

Supporting the launch, £1.2 million has been allocated for advertising. National TV activity begins [illegible] weeks featuring the [illegible] Bassett's Omega-3 [illegible] starring on GMTV, [illegible] C5 until late [illegible] supported by PR and

Price: £7.99/30
Pip code: 327-6805
Ernest Jackson
Tel: 01363 636100

Everyday gum care from Corsodyl

Corsodyl Daily Defence is a new addition to the oralcare category from GSK.

Containing fluoride to protect against cavities and chlorhexidine digluconate to inhibit regrowth of plaque, the product is set to drive growth in medicated mouthwashes, says GSK.

It is recommended for daily maintenance following treatment with Corsodyl Mouthwash to help protect against gum problems. Gum disease rather than tooth decay is the single largest cause of tooth loss in the UK (source: www.dentalhealth.org).

The mint flavoured mouthwash is expected to drive frequency of use among existing consumers as well as attract new users.

Price: £4.49/500ml
Pip code: 329-3834
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Snap up a good deal

Photographic wholesaler www.photomart.co.uk has introduced a low price guarantee for pharmacies.

Described as 'exclusive', the guarantee assures pharmacists of the lowest prices for selected products.

For more info:
Tel: 0870 011 5761
www.photomart.co.uk

Products in brief

Forceval's back

Supplies of Forceval and Forceval Junior multivitamin and mineral supplements are back to normal, reports Alliance Pharmaceuticals. The company wishes to apologise for the recent difficulties in maintaining supplies of the products.
Alliance Pharmaceuticals
Tel: 01249 705 112/116

Faster nails

A range of 'beauty enhancing' nail enamels has been launched by Bourjois. The four shades of beige feature the company's En toute affinité quick drying formula that is touch dry in 50 seconds.
Price: £5.50
Bourjois
Tel: 020 7462 4906

Zantac's blue man takes centre stage

Television advertising for GSK's Zantac 75 indigestion treatment breaks this week. Running into October, the campaign features the 'blue man', familiar from the brand's packaging. It is expected to have wide reach among adults including the core target audience of women aged 45 and over.

Viewers will see how the fiery symptoms of heartburn and indigestion can be relieved by Zantac 75 and its Relief and Relief Dissolve variants. Emphasis is placed on the brand's 'up to 12 hour' relief claim.

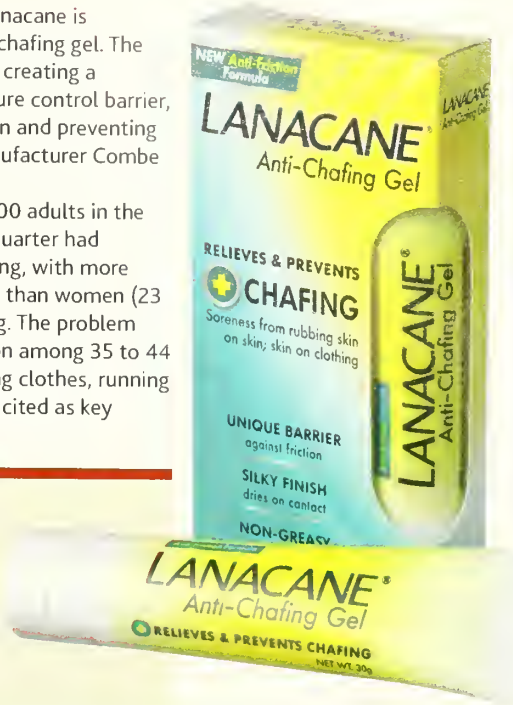
Reinforcing the TV activity, a new counter display unit will be available from Ceuta towards the end of this month.

For more info:
Ceuta Healthcare
Tel: 01202 780558

Lanacane offers chafe refuge

Skincare brand Lanacane is launching an antichafing gel. The product works by creating a breathable moisture control barrier, protecting the skin and preventing friction, says manufacturer Combe International.

A survey of 1,000 adults in the UK found that a quarter had experienced chafing, with more men (31 per cent) than women (23 per cent) suffering. The problem was most common among 35 to 44 year olds. Ill-fitting clothes, running and walking were cited as key causes.



Price:
£5.99/30g
Pip code:
328-4726
Combe International
Tel: 020 8680 2711

Brush up on your technique with Oral-B SmartGuide

Oral-B is aiming to improve consumers' brushing techniques with its latest launch, the Triumph SmartGuide.

The rechargeable toothbrush comes complete with a wireless display unit that gives 'while you brush' feedback on brushing. It tracks brushing time with a prompt when it is time to move on to the next quadrant of the mouth and indicates when brushing is too hard. The need for brush head replacement is shown.

Further features include a sensitive brushing mode, massage function and polishing mode for whitening teeth. Different brush heads are recognised, allowing more than one person to use the main body.

Supporting the launch, print and TV advertising are underway, backed-up by PR activity.

Price: £139.99
Oral-B Laboratories
Tel: 01932 89600

Products advertised on TV next week

Bassett's Soft & Chewy Omega 3: GMTV, Sat
Bio-Oil: All areas, except GMTV
Clearblue: All areas
Deep Freeze Patch: All areas, except GMTV, C4, five
Frontline: GMTV, Sat, five
Gaviscon Double Action: All areas
Haliborange Omega-3: GMTV, Sat
Hedrin: U, B, G, Y, A, five, GMTV, Sat

PharmaSite for next week: Full Marks – windows, **Full Marks** – in-store, **Full Marks** – dispensary
Pharmacy channel: Solpadeine Plus, Imigran Recovery

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-West Country, Y-Yorkshire

Pharmacy Champions

Bobby Mehta, of Alliance Pharmacy in Burnam, Slough, has organised activities for his local community

Under the white coat

- The best thing about my job is **being in the heart of the community** and having fun banter with my regular locals.
- Increasing paperwork and legislation are making it harder for pharmacists to do what they do to the best of their ability.

I have organised a number of events aimed at customers, patients, other health professionals and members of my local pharmacy community. These have included a **Healthy Heart Fun Day** for 200 local school children, **a charity cricket match** to raise money for the Berkshire County Blind Society and a **charity five-a-side football tournament** to raise money for the NSPCC.

I am a strong believer that **community pharmacists should play an increasingly active role in their local community**. This doesn't mean doing the bare minimum. Working in a local community gives us the opportunity to make a real difference to people's lives. It is now up to us to embrace that opportunity with open arms and prove that we are a fundamental, vital and key part of the healthcare team.

[illegible] just sat down and decided, 'This is [illegible] do. Now how do I do it?' Having [illegible] people involved always helps. [illegible] **Saturday staff** as well [illegible]. Sometimes I find that [illegible] staff who have since left, been [illegible] started their own careers [illegible] have come back to help out.

The set up for many of the activities has only really incurred a cost of time. There was a financial cost in the organisation of the Healthy Heart Fun Day but I was lucky in that I had successfully applied for a **Health For All** grant from my local PCT, which covered the cost of booking the venue.

The events I organise don't really require any training; enthusiasm is usually sufficient! However, if you do decide to work with children you need to be aware of any associated legislation and child protection information prior to any event.

My advice to others thinking of organising similar events would be to **go for it!** Sometimes we spend too much time thinking and not enough time doing. Start small and as you progress you'll find your confidence to organise bigger events will increase. As long as you're clear what you want to do there is nothing stopping you. **Find out who your local charities are and contact them.** Contact your local PCT and find out about local initiatives. I also found it helpful to contact my local branch of the RPSGB – it's a brilliant way of networking with other enthusiastic pharmacists.

Finally, **talk to your local surgeries** – it's all about developing relationships.

My next plan is to set up a **sports medicines clinic** with my local physiotherapist, an idea which local GPs are keen to help me develop.

Knowing that **I'm making a meaningful and valuable contribution to my community** is something that gives me immense pleasure. Only last week I received about 30 thank you letters from one of the schools involved in the Healthy Heart Fun Day – it really brightened up my day.

Nominate your Pharmacy Champion:
Telephone 01732 377088
or email jrichardson@cmpmedica.com

Out of hours

- I play **five-a-side football,** try to do lots of running and love music.
- I have been a **radio DJ** for nine years and this year joined a local community station for Slough and the surrounding areas, Asian Star 101.6fm.
- From my burning house, I would rescue my **PlayStation 3**, my **PlayStation portable** and my wife. But not in that order, in case she's reading!

My guilty pleasures are sweet things, especially Indian sweets – the best desserts in the world, though **sticky toffee pudding** comes close!

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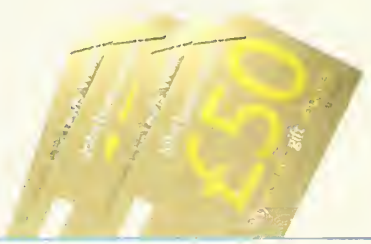
Four good reasons to register for the C+D email bulletins

- The service is FREE
- Read the latest news and views online before they appear in print
- Access exclusive online content and clinical updates for your CPD
- Gain automatic entry into a monthly prize draw to win £200 in John Lewis vouchers



C+D

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Incontinence: a three-step

With September hosting Continence Awareness Week, **Ian Holland** of the Continence Foundation puts forward three measures pharmacists can introduce to help sufferers

The thing about continence problems is that they are embarrassing. Attitudes are changing, but the image in most people's minds when the word 'incontinence' crops up is still that of a slightly addled old lady having an accident in public. Only last year a sketch involving just such an incident in a supermarket featured in the BBC's 'Little Britain' show, and one wonders whether any other disability would be so caricatured, unless the portrayal chimed with common perceptions.

What has this to do with pharmacists? Well, the truth behind the nervous laughter is that a large number of your clients – young and old, male or female – have a continence problem. Urinary incontinence affects more than 9.6 million women and 1.14 million men in the UK, and at least another 650,000 adults have difficulties with bowel control.

Yet, partly because of the negative associations still current, an estimated 42 per cent of women with the condition wait up to 15 years from its onset before seeking professional help. Their quality of life often suffers in the meantime. Loss of confidence, social isolation and deteriorating personal relationships are only some of the possible consequences of a bladder or bowel problem, aside from the physical unpleasantness.

If ever a condition needed healthcare professionals to take a proactive stance, it has to be this one. And pharmacists are in the front line. You can introduce a number of simple measures that may result in some of your customers experiencing a dramatic improvement in their quality of life.

The incontinence market

Sales of incontinence products in the UK market as a whole have grown by 30 per cent in recent years, but the trend is away from pharmacy and into grocery, according to market research company Nielsen. The total market is now valued at £50 million sales per year. The increase in grocery's market share has risen from 48.6 per cent to 52.7 per cent over two years.

The reason for the increase in total sales is due to three [illegible] factors, says Nielsen. The ageing population, strong [illegible] encouraging consumers to feel ok about the [illegible] availability and greater visibility of the [illegible] few personal care categories are [illegible] growth and "retailers need to [illegible]

guide for pharmacy

Step 1

Creating a supportive environment

Displaying informative materials about incontinence, such as posters and stickers, will show that you are aware of the condition and receptive to enquiries. Place patient information leaflets in racks, or by your counter, where people can pick them up discreetly. Such materials are available free from the Continence Foundation (see panel below).

Find out where your nearest NHS continence service is, so you can offer this information to enquirers. There are nearly 300 of these predominantly nurse-led clinics across the UK (many women express a desire to see a nurse rather than their GP for this condition). These clinics operate a self-referral policy in most cases, so your customers can book an appointment themselves. They are open to men and women. The nurses will assess the problem and treat or refer as necessary.

Details of your clients' local service can be found by calling 0207 404 6875 during office hours, or by entering the first part of their postcode into www.continence-foundation.org.uk/clinics

Step 2

Identifying people who may need help

A study by the Health Services Unit at Oxford University suggested that more than 1.1 million women routinely use sanitary towels or panty liners to manage their incontinence. Moreover, thousands of men do the same! If a woman seems to be buying an above average number of sanitary pads, or appears to be post-menopausal, it is probable that they have a continence problem.

Even if they are happy to self-manage their condition, sanitary pads are not suitable and may not keep them dry. A wide range of pants and pads specifically designed to absorb leaks from the bladder and bowel are now available to buy. A person smelling of stale urine would be another trigger for intervention. Many post-partum women also have temporary problems.

Step 3

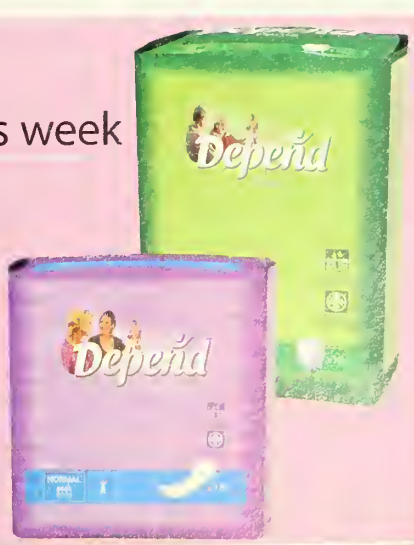
Broaching the subject

Never easy! We certainly would not suggest putting a bald question along the lines of "Are you incontinent?" to anyone. Nevertheless, there are ways of raising the issue, particularly amongst clients with whom you have built a relationship.

For instance, in the case of someone buying an exceptional number of sanitary pads, you could speak in indirect terms, for example, "I've had a lot of people buying those when really they needed a specially designed pad for bladder problems." Alternatively, if that is too blunt, simply pack a leaflet in their bag, saying that you are helping to promote a national awareness campaign.

Ian Holland is communications director for The Continence Foundation

Depend supports continence awareness week

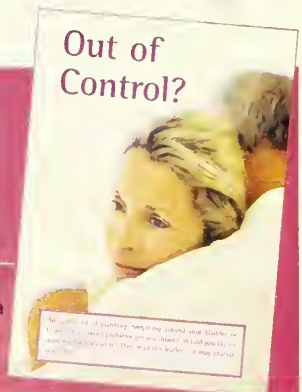


Depend is supporting this year's Continence Awareness Week by mailing out information packs to pharmacies.

The pack contains posters, educational leaflets and a purpose-designed diagnostic wheel to help pharmacy staff diagnose the type of incontinence a customer may have.

More information on symptoms, diagnosis, lifestyle advice and products is available from the Depend website at www.depend.com/uk

Continence Awareness Week



The Continence Foundation, a national charity, is offering pharmacists a free pack of leaflets, posters, stickers and other promotional materials for use during its Continence Awareness Week (September 17 to 23). Call 0207 404 6875 during office hours to order a pack, or email aware@continence-foundation.org.uk (including a postal address)

Building your pharmacy's brand

Your pharmacy probably has strong brand values. But what tips can you pick up from the recognised master of brand diversification, asks Tracy West, in the last of her articles on learning from Tesco

Gone are the days when a pharmacy can be just that – a pharmacy. Extortionate business rates and increasing competition mean the phrase 'diversify or die' is coming true. A good lesson on diversification can be learned from Tesco.

There was a time when the company was just a supermarket. Now it is so much more that its branding can impinge on all aspects of our lives – if we let it. Indeed a while ago a TV programme conducted an experiment where a family moved into a new house with nothing and had to furnish the house, clothe themselves and eat nothing but Tesco-bought goods for a specified time period. Of course they achieved it, but the mother in the family couldn't wait to be able to shop elsewhere.

There's always a risk that too much diversity can dilute a brand, however, industry pundits don't think that is the case with Tesco.

Gavin Rothwell, senior business analyst at the Institute of Grocery Distribution (IGD), comments: "Tesco has stretched its [illegible] many different areas, but a core principle here has [illegible] that the Tesco brand is relevant in these new [illegible]. For Tesco, value and simplicity are key, and [illegible] diversifying into those markets where it [illegible] ments in the market."

[illegible] retail analyst at Planet Retail, thinks [illegible] the brand is a measure of how strong it [illegible] ago that Tesco was known for 'piling it high and selling it cheap' but now the brand means so much more to consumers. All its sub brands such as Finest and bnatural reinforce the brand and some are so sophisticated that they've become brands in their own right."

> "Tesco has shown that diversification can work in what are very new and different product categories"

You name it and it seems Tesco has a sub brand for it. Its Finest range of top quality foods was launched in 1997 and has been such a success that it has been extended to include health and beauty and homeware. By the end of last year Finest had become a £1 billion brand.

Of course clothes have been big business for supermarkets, thanks to the success of George at Asda. Tesco offers several clothing ranges including Cherokee and F&F (Florence and Fred). Comments Ms Millar: "Private label clothing is a key growth market for the company and Tesco is working on improving the fashionability and quality of the range at the same time as maintaining a value proposition as it competes with high street clothing specialists. As part of these improvements Tesco is working on enhancing the in-store environment to create more of a boutique style. It is also looking to sell the range on the internet as part of its Tesco Direct site."

Tesco crosses more into pharmacy territory with its health and beauty products. These are branded under its Value and Tesco labels as well as co-branded with the likes of celebrity make-up artist Barbara Daly. The latest health and beauty launch is of the bnatural range of 150 'mass-luxury' lines. Says Mrs Millar: "This range is designed to exploit the growing trend for organic products. It includes lines across the bath and

shower, bodycare, haircare, skincare, relaxation and sleep-aid categories."

Diversification has also included formats with standard superstores, massive Extra hypermarkets, Express neighbourhood stores and Metro town and city centre outlets.

Tesco has also successfully trialled a non-food store in Denton, Manchester. In its 2006 annual review, the company confirmed that it was pleased with the performance of the store and so was rolling out the format to Bristol, Southampton and Telford. There will be more than 30,000sq ft of sales area showcasing a wide range of non-foods similar to those found in Extra hypermarkets.

Tesco's diversification is really quite astonishing because it stretches much further than its stores. There is Tesco Finance, in conjunction with the Royal Bank of Scotland, offering insurance and loans. In March 2006, Tesco stated that its personal finance division had more than five million accounts with 1.8 million credit cards and 1.4 million insurance policies.

Then there's Tesco's collaboration with ediets, which gives it the exclusive licence to run the online diet club in the UK and Ireland. For £2.99 a week (minimum subscription 10 weeks) members get a diet plan with personalised weekly meal plans and of course the components of those meals can be bought at Tesco. The company says the service is used by more than 50,000 people.

Tesco is undoubtedly popular but it still has its critics. However, the superstore chain scores points on dealing with this through the Talking Tesco section of its website where it stresses how much it listens and reacts to customer demands.

> "There are many areas where a pharmacy could expand – by offering a travel clinic for example"

Mr Rothwell says: "The learning from Tesco is to consider, in any diversification, that a link remains to the core offer. Clearly, Tesco has shown that diversification can work in what are very new and different product categories, but only if the brand carries its values across to that sector. And of course, diversification is into related categories – pharmacist diversification into health-related services is a case in point here."

For example, Paydens, the south east-based pharmacy chain, is offering its customers a medication healthcheck in some of its outlets. Other services offered by the chain include smoking cessation support, pregnancy and cholesterol testing, and syringe and needle exchange schemes.

There are many areas where a pharmacy could expand – by offering a travel clinic for example. Staff could inform customers about the jabs they need for different destinations plus give them advice about coping with problems such as upset stomachs and sunburn while they're away. This presents the opportunity to sell items such as sickness tablets and sunscreen and more adventurous retailers could offer a kiosk for developing digital photos.

However, before any pharmacist takes the plunge, it must do its homework. Retailers need to think like Tesco and check out the competition, but above all check out exactly what their customers want.

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From: **Hawkeye on the web**

Date: **Sat 1.09.07**

Subject: **Power to the people**

If Wikipedia's strength lies in its collaborative transparency, then so does its weakness

Kev lives in a semi-detached house in North Yorkshire. At 8:26 on the evening of August 14 he opened up the ongoing debate about the proposed 50 per cent increase in RPSGB retention fees to the wider internet community by posting details about it on Wikipedia.org (tinyurl.com/295csu).

Since the entry was published, it has been amended by four other authors. The immediacy with which 'Kev' and his associates have been able to create and edit this information for the rest of the online community demonstrates why Wikipedia has exploded in recent years. The site now provides users with access to more than five million articles authored by 75,000 contributors on anything from azithromycin to zafirlukast.

The accuracy of the site's content has been compared with the Encyclopaedia Britannica. Indeed, a study of 42 science-based entries by the journal Nature revealed that although both information sources contain inaccuracies, Wikipedia contained around four compared with Britannica's three (tinyurl.com/dx46m). Not a great deal in it.

But if Wikipedia's strength lies in its collaborative transparency, then so does its weakness. From the outset, Wikipedia has been dogged by reports that political figures and corporations have put positive spin on controversial entries while applying less sensitivity to entries about their competitors. As such, it can be argued that the subjectivity of editors can muddy the pure, objective waters in which the site is trying to bathe.

The Sun reported last week that a hunt was on in Whitehall to discover who inserted fake details into the online biographies of MPs, which suggested they were crooks and drug addicts (tinyurl.com/2ouxdh). In Australia, Prime Minister John Howard denied ordering his staff to remove details that might be damaging to the government (tinyurl.com/2zk3te) after it was claimed that Australia's Defence Department made more than 5,000 edits to the site. (The government has since denied making the changes, which allegedly include the bizarre addition "Poo bum dicky wee wee" to a martial arts entry.)

Such examples show that collaboration is on a learning curve but it remains a powerful concept. Already it has extended from the realms of Wikipedia and been applied to big business. Don Tapscott and Anthony D Williams have written a book on the emerging phenomenon entitled Wikinomics: How Mass Collaboration Changes Everything. They cite examples such as Procter & Gamble using the internet to access an online community of scientists and Goldcorp opening up its geological knowledge for internet users to help it locate gold reserves (tinyurl.com/28cmnj).

In future, there is nothing to stop this transparent business model extending to healthcare, where local patient populations could be given the opportunity to shape the type and delivery of services. A case of taking power from the few and putting it in the hands of the thousands out there like Kev.

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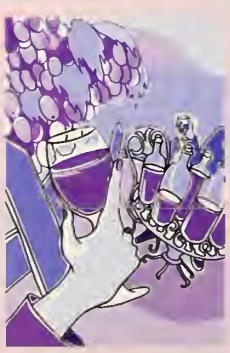

This month The Plonker also lives up to his name in a blind taste test at a very smart London restaurant, takes a look at an innovative vending machine stocked with 1999 Chateau Petrus and finds a treasure trove of the good stuff in the Pennines. Cheers!

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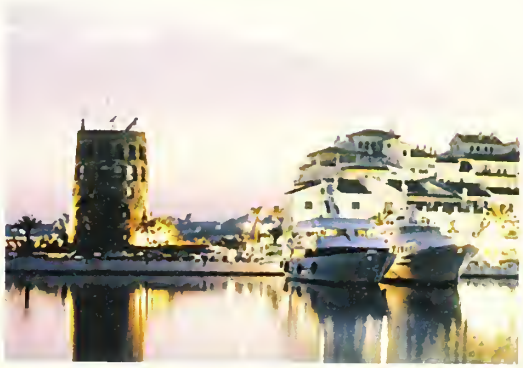

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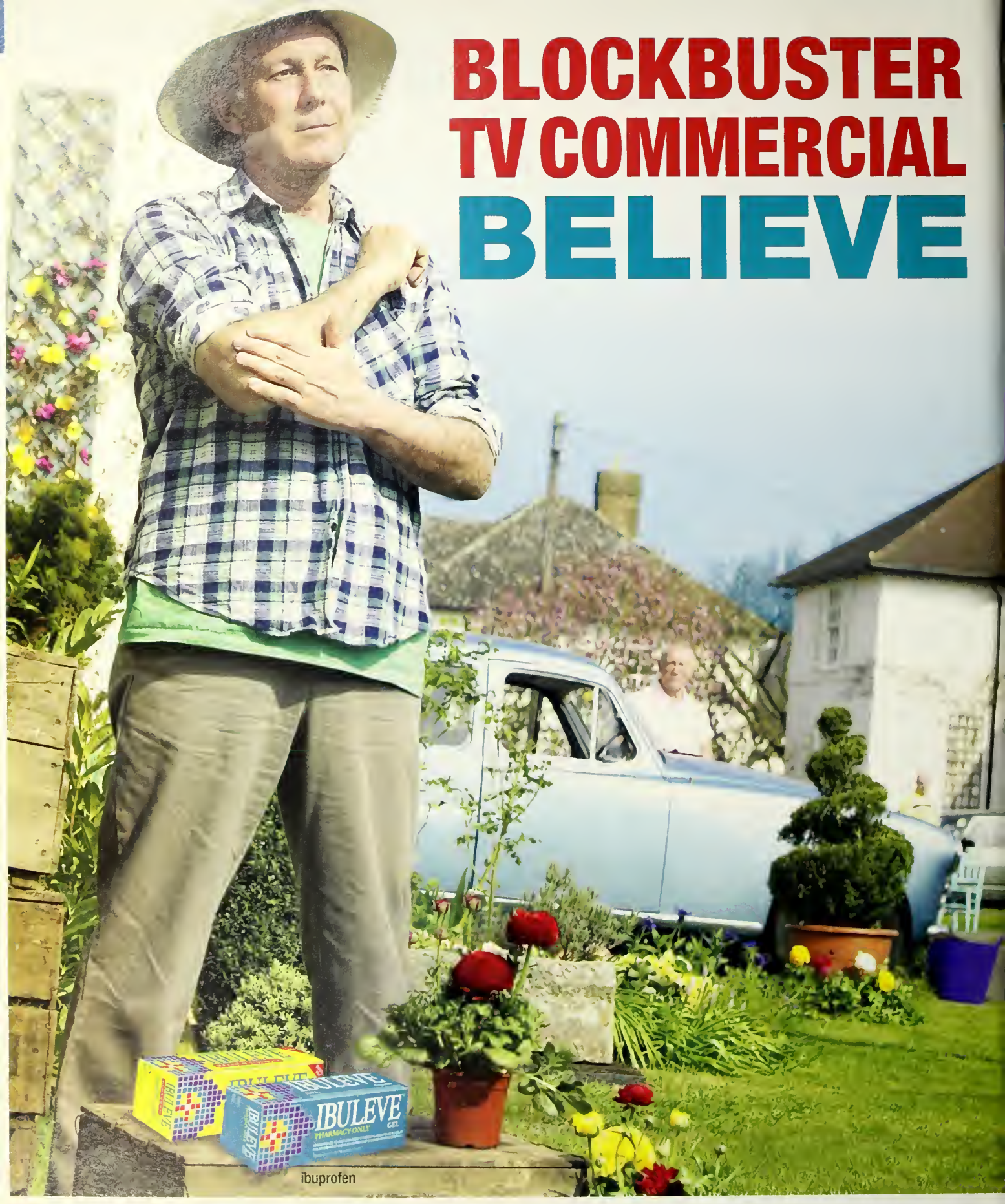

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